



# NEEDS ANALYSIS REPORT

**COMMUNITIES OF PRACTICE FOR HEALTHY LIFESTYLE  
(COP4HL)**



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## SUMMARY

For the needs analysis, an assessment of the national (and local) status quo in the area of Healthy Ageing, specifically towards Active and Healthy Lifestyles. This status quo will serve as important starting point for the exploration of a potential shared goal of the local community of practice.

This needs analysis report includes generic sections towards definitions and methodologies, and an introduction towards the topics assessed. Secondly, national/local chapters will outline the situation in the communities of Groningen (the Netherlands), Odense (Denmark), Malaga (Spain), Kaunas (Lithuania) and Cascais (Portugal). Within each local COP chapter the partners taking part of the COP are described and the shared goals illustrated. These shared goals are:

COP Groningen: *“stimulating a Healthy environment (physical & social) with focus on physical activity”.*

COP Odense: *“further develop and educate professionals who work on stimulating physical activity in community dwelling older adult”.*

COP Malaga: *“developing, implementing and evaluating outdoor fitness”*

COP Kaunas: *“to provide opportunities for primary school children and Kaunas district community members older than 50 more opportunities for exercising and physical activity”*

COP Cascais: *“develop, organize for and together with the stakeholders and end users (youngsters from 12-24 years old) activities focused on healthy lifestyle (e.g., healthy cooking workshops, parent-child physical activities etc.) embedded in approach GERAÇÃO S+ “.*

The final chapter of this report describes some main conclusions and lessons learned.

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## INTRODUCTION

Communities of Practice for Healthy Lifestyle (COP4HL) aims at stimulating and modernizing the concept of Healthy Ageing in Europe through developing an innovative and impact-driven multi-stakeholder approach towards effective and sustainable Community based Interventions through Local Communities of Practice for Active & Healthy Lifestyle.

The establishment of the Knowledge Alliance (KA) COP4HL responds to the following challenges: The health of citizens is of high priority on the EU agenda, with life expectancy increasing. However, it is accompanied with more chronic diseases, lower quality of life and higher costs; estimated 2% of the global GDP equalling 30 trillion USD (Matheson et al., 2013). Today, around 90% of mortality in the EU is due to non-communicable diseases (NCD) (WHO, 2014); and risk factors such as a person's lifestyle are known to increase their likelihood. Low cardio-respiratory fitness, e.g., accounts for about 16% of all deaths (Blair, 2009).

It is clear that ageing and the exponential growth of NCDs require a fundamental rethinking of how we organize health and health policy. Much of these health problems are preventable through stimulating an Active and Healthy Lifestyle from young to old ages (Healthy Ageing), which ultimately may lead to a higher quality of life at lower costs. Although efforts to promote Active Lifestyles have been stepped up in some Member States, rates of physical inactivity across the EU remain unacceptably high: Most of the citizens still do not engage in sufficient physical activity, with 60% never or seldom exercising (EU, 2014). This is also because traditional health care approaches are limited by their scope. In contrast, a more efficient and effective approach to Healthy Ageing is based on the premise that an individual's behaviour is shaped by a dynamic interaction with the environment, incl. influences at the interpersonal, organizational, community, and policy levels (multilevel).

Lifestyle related health problems demand a shift towards prevention with impact-driven structures and professionals educated to guide this process. But, whilst strategies for education and implementation are independently developed, there exists lack of co-creating innovative solutions and bridging the gap between knowledge and practice when it comes to stimulating Healthy Ageing in a local context. Therefore, multilevel intervention strategies at the micro, meso, and macro levels must be applied to allow for sustainable socio-economic health impact. Promoting Healthy Ageing must involve active participation of a broad variety

of public and private stakeholders from different disciplines like education, health, sport, and wellbeing sectors (WHO, 2018). The field is vastly fragmented; health interventions are developed and implemented independently throughout local communities in Europe. This counteracts impact, sustainability and exploitation at the European arena. There is often much attention for national or even international scale interventions; but only little coordinated focus is set towards Community based Interventions (CBI) for health.

Despite an expanding consensus about the need for these CBI, there is a lack of a common definition and guiding principles that can inform strategic frameworks used to develop policy, practice and evaluations. Without a set of agreed-upon principles, these remain inefficient, limiting the ability for collective learning and innovation. Therefore, the development of evidence based guiding principles for CBI through Communities of Practice (COP) (Wenger & Wenger Treynar, 2015) is vital to improve Healthy Ageing in Europe.

### Community of practice (COP)

COP4HL modernizes the approach to stimulating Healthy Ageing by developing a coordinated approach towards effective and sustainable CBI for Healthy Ageing through COP. CBI is an innovative approach to the challenges as described for the field of Healthy Ageing. The applied approach is characterized by the involvement of stakeholders like universities, businesses and public authorities from health, sport, education, and wellness. In a predefined community, they work together in a co-creative way to develop and implement interventions at the micro, meso and macro level that go beyond traditional health care approaches. With it, the Local COP provide new models for connecting in the spirit of learning, knowledge sharing, and collaboration, and for supporting individual, group, and organizational development.

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. However not every group of individuals is a community of practice. Three characteristics are crucial for a community of practice: 1) **The domain**: A community of practice is not merely a club of friends or a network of connections between people. It has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain, and therefore a shared competence that distinguishes members from other people; 2) **The**

**community:** In pursuing their interest in their domain, members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other; 3) **The practice:** A community of practice is not merely a community of interest but members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems in short a shared practice. This takes time and sustained interaction. The development of a shared practice may be more or less self-conscious. It is the combination of these three elements that constitutes a community of practice. And it is by developing these three elements in parallel that one cultivates such a community. So, the COP can be seen as learning partnerships about the particular domain of Healthy Ageing. When companies and universities work in tandem to push the frontiers of knowledge around Healthy Ageing through COP, they are expected to become a powerful engine for innovation and economic sustainability.

### Community building and assessment

The main objective of work package 4 is to allow for common understanding towards the KA's approach, and the specifics of both the field of Healthy Ageing and community based interventions (CBI). This working step is of great importance for the success of the KA, due to the complexity of Healthy Ageing, the innovative character of the COP approach in the field and the diverse stakeholders involved in the project. The aim is to build the knowledge alliance objectives, and specifically the Local COP around what works, rather than trying to fix what doesn't. The need analysis contains an assessment of the national (and local) status quo around Healthy Ageing, and specifically towards Active and Healthy Lifestyles will be realized. Furthermore, existing practice of CBI in the field will be identified and assessed. Both shall lead into common understanding and principles of work in the knowledge alliance consortium.

### Needs analysis

The needs analysis report will outline the results of the assessment of the national (and local) status quo around Healthy Ageing; specifically, towards Active and Healthy Lifestyles. It will include generic sections towards definitions and methodologies, and an introduction towards

the topics assessed. National chapters will outline the situation in the Netherlands, Portugal, Spain, and Lithuania. All activities of the WP will culminate into a Needs Analysis Report and an Action Plan. Finally, in the last chapter of this report recommendations will be made regarding future needs analyses in the context of a community of practice for healthy lifestyle.

In building up a community to start a social innovation regarding Healthy Lifestyle, one of the first steps is to see what needs and assets in the specified context are already articulated or what still can be worthy to explore. To provide a consistent overview between the five countries that take part in COP4HL, we compiled and used a comparable needs analysis framework in all contexts. This document offers first a summary of the background of the need analysis and then gives some practical steps to be taken in the local community.

*The ‘what’ of a needs analysis: A need analysis is the process of identifying stakeholders (e.g., end-users, policy makers, private partners) needs and challenges and define the “gap” between what is needed and what already exists. Understanding the needs and challenges of the end-users, local authorities, stakeholders and companies, provide the foundation for successfully developing and implementing a new product or service. But even more importantly, the process of how to work towards that overarching Healthy Lifestyle goal, the shared goal is of utmost importance.*

A needs analysis can encompass many different aspects and perspectives, and as such can be very complex. In its most simple form, however, it is simply a methodical examination of an organization/environment and the end users, with the goal to identify areas that hold the potential for improvement, as well as identifying available resources/assets in the community, and separate the “need to do” from the “want to do”.

Apart from increasing your knowledge about the entirety of the current situation and the end users’ needs, a thorough needs analysis has the added benefit of creating a feeling of ownership concerning the new program or a change across sectors, professions, and end users. When people have helped identify the problem and the need, and had opportunities to express what they want, this early involvement helps create a sense of ownership towards any program covering this given needs.

As a social innovation and working/learning in a community of practice is a dynamic and iterative process, it is unlikely that all key participants are already identified at the start of the innovation. Furthermore, it is very likely that the importance of various stakeholders will change during the process (Stuffle-beam et al., 1985).

### Ten practical steps for the needs analysis

The needs analysis will start with identifying what is already available and present in a certain community. In this way awareness of local resources will be created, use resources to identify community connections, and meet needs, recognize and value the resources within the community.

#### First phase

1. Has there been conducted any previous asset mapping activity in that community? If yes, how recent it is? Did it provide the information you are looking for? What did or what did not work well?

Select assets to identify:

2. To assess the current situation (Assess and mobilize what a community has, it is a process) these could be skills, talents, dreams and hopes that all relevant stakeholders have regarding a Healthy lifestyle.
  - **Software:** Any existing national and local policy and programs about Healthy Lifestyle, all successful programs about promoting healthy lifestyle.
  - **Hardware:** To determine the characteristics of built environment that supports Healthy lifestyle, any natural and other environmental resources, heritage sites, open spaces, green spaces, water, etc. in built environment and facilities that stimulate healthy lifestyle. E.g. coherent walking and cycling networks, nice and enough green spaces, sport clubs, access to healthy food, etc.
  - **Org ware:** This refers to the process how people respond to policies and programs. It refers also to how the existing policies and programs are implemented; it focuses on mindsets and behavior of authorities and people. And it raises questions like: is there

- any institution or organization that has the capacity for changes? Is there any potential and chance for people to join in a coordinated pursuit of a common vision?
3. To determine the characteristics of the social environment in supporting Healthy Lifestyle.
  4. To determine the attitudes of the people and stakeholders toward stimulating Healthy Lifestyle and identify the direction of change towards healthy lifestyle that end users and stakeholders feel are important, are stakeholders aware of the importance of promoting HL? How do stakeholders define HL? Do they do this on individual level or at community level, or both? How mobilized is the community currently to promote HL? Are there front runners, innovators?
  5. To determine which groups of population are most in need of changing lifestyle or being supported to have Healthy lifestyle.

### Second phase

6. To compile a demographic profile of the end-users and stakeholders.
7. To determine if existing policies/programs are adequate to stimulate healthy lifestyle.
8. To identify the gap between what end-users and specially stakeholders /city government are able to do and what they need to do to make changes towards having Healthy Lifestyle.
9. To find out what skills, facilities, knowledge, etc. an individuals and groups need in order to have Health Lifestyle or perform a particular role, such as a local stakeholder, city authority, etc.
10. Needs analysis must include the perceived and present needs, as well as potential and unrecognized needs.

## Structure need analysis

Table 1. Overview of needs, gaps, wants and assets of COP

	Objectives
<b>Needs</b>  (what the target group need to have to have a healthy/healthier lifestyle)	
<b>Gaps</b>  (starting point)	
<b>Wants</b>  (what the target group feel/perceive they need to have a healthy lifestyle)	
<b>Assets</b>  (what already works well, what is available,	



## Literature

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## NEEDS ANALYSIS COP GRONINGEN (NETHERLANDS)

### Summary

- The COP Groningen is situated in the Europapark neighborhood
- The shared goal of COP Groningen is “**stimulating a Healthy environment (physical & social) with focus on physical activity**”.
- At the start, stakeholders are businesses (2x), municipality and higher education institute Hanze
- End users are included (e.g., older adults, students, employers)

### Groningen community

The Dutch COP is situated in Groningen and aims at designing a stimulating and activating physical and social environment. The COP is embedded in the overall strategy of the city of Groningen to develop a healthy city. The Dutch COP consists of participants of the municipality of Groningen (public sector), Plaza Sportiva (business), SWECO (large business) and HANZE (higher education). Besides these project partners, many other organizations and stakeholder get connected to the COP in Groningen.

Groningen is a medium size city with approximately 201,713 (January 2018) inhabitants in the Netherlands. Groningen is situated in the Northern part of the Netherland and is special in that it is a University city.

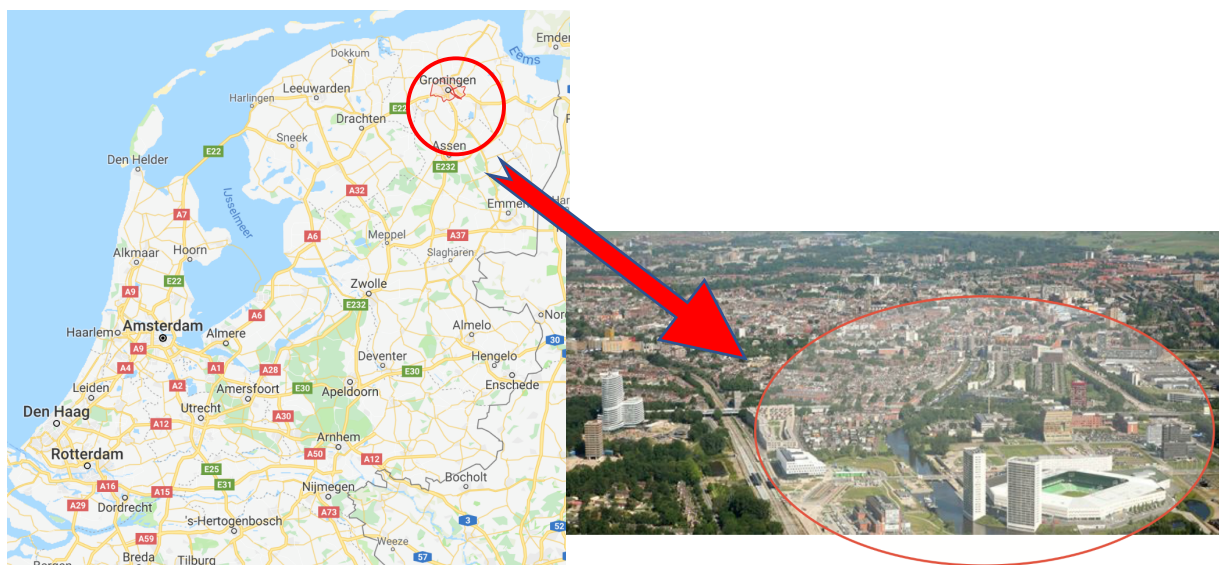


Figure 1 The situation of COP Groningen in the Netherlands

A total of 60,000 students study in Groningen of which 35,000 (18%) live in the city center. One of the newly develop neighborhoods is Europapark. The COP Groningen will focus on this neighborhood.

Europapark is situated at the Southeast side of city center of Groningen. Since 1914, this area is developed as an industrial area. Since 1957 a big electricity plant was developed in the area of Europapark and fully operational in 1970. In 1995, the municipality had a new vision on the destination of this area which resulted in a demolition of most of the industrial elements in that neighborhood. This created space for the building of a new soccer stadium together with new houses and offices. The nature of the neighborhood was changes from an industrial area to a place where people could live, work and recreate.

### **Status quo & shared goal COP Groningen**

The Dutch COP uses a theoretical model that focuses on the stimulation of an active and physically friendly physical and social environment. It is an easy model that distinguishes three topics: 1) hardware, 2) software and 3) orgware.

Hardware means all the physical infrastructure such as playgrounds, green areas, cycling or walking lanes etc. With software, the activation of the environment is meant like for instance activities like outdoor yoga, urban trails, waling routes etc. Finally, orgware means the whole process with stakeholders, end users etc. to come to the initiation of an activating physical and social environment in a co-creative way. The COP in Europapark mainly focusses on the orgware part of the BVO-model and in line with the COP definition of Wenger & Wenger-Trayner (2015) they want to create a setting in which learning with and from each other is promoted and stimulated.

The ambition of the COP is broad and versatile and described as follow:

- Include and listen to the wishes and needs of the end users;
- Stakeholders are very interested in the experiences and activities in the other COPs;
- It is important to clearly define a common goal everybody is committed to;

- Within this over common and shared goal every partner or set of partners can strive for a sub goal if it is contributing to the overall goal;
- A big and ambitious goals is fine but also keep in mind the short-term actions;
- As Europapark is a very young neighborhood, a feeling of proud should be stimulated. How to do this is a major challenge;
- To become a physically active neighborhood is not the only goal but stimulating the social connection and network is even more important;
- To keep everybody committed through initiating small experiments, share experiences, open for others;
- Include the students and their new and fresh ideas;
- Share thoughts, experiences and ideas in a tangible way;
- Try to set up a digital infrastructure;
- Connection with the new companies who focus on the students like food stores etc.
- Stimulation of a safe climate for cooperation;
- Make time for learning and innovation;
- The COP development is not the start of project but a start of a movement;
- Meeting will be held in different places so the partners get to know each other and their work environment better;
- Didactics and approaches per meeting will differ to stimulate each other;
- Parallel with the learning ambition there is also a need for the output drive perspective to reach results.

### **COP Groningen partners**

#### **Municipality of Groningen**

The Municipality of Groningen is a local government organisation with approximately 300 employees. The city has around 200.000 inhabitants, and is proud to name the following major institutions among them: University of Groningen (RUG), University

Medical Center Groningen (UMCG), Hanze UAS, and Gasunie, Gastera. The municipality of Groningen is always seeking new ways to use local health policy in order to integrate health in all policies and in particular towards prevention and to engage in cooperation with citizens. The new definition of the World Health Organisation's, "positive health" fits perfectly to the Municipality of Groningen's approach to connect the local health policy to decentralizations in the social domain. Healthy lifestyle as part of the health policy is therefore an important issue, which will be shaped in close collaboration with partner institutions such as education, health, welfare and sport. The connection is also made with the local Healthy Ageing Network and on neighbourhood level private partners are involved. Since poverty offers one of the biggest risks on health inequalities, the Groningen municipality chooses a coherent policy in which poverty and health are linked to attract and cooperation is sought with institutions in the neighbourhoods and residents' initiatives. In addition, the Municipality of Groningen uses a bottom-up approach according to the principles of social marketing. In short, the municipality of Groningen encourages the inhabitants to (be able to) live a healthy life with many opportunities to exercise and eat healthy in a physically and socially healthy environment. People (via the WIJ teams) are supported in how they can exercise control over their health. The healthy choice is not always the obvious choice and can be very complicated, especially for people with limited education and little money.

### Hanze University of Applied Science

HANZE University of Applied Sciences (HANZE) is a multi-sector Higher Education Institution with about 27,000 students and 2,700 employees ([www.hanze.nl/eng](http://www.hanze.nl/eng)). It has had its current form of a comprehensive university of applied sciences since 1993. Both education and research are practice-oriented. Profiling themes of HANZE are 'Healthy Ageing', 'Entrepreneurship', 'Energy' and 'Student Excellence'. Within HANZE, a great extent of the research being done is focused on the broad area of Healthy Ageing, contributing to the City of Groningen as a EU recognized "European City of Healthy Ageing". This involves collecting and developing knowledge concerning the process of growing up under sound physical health conditions and ageing healthily and actively, from young to old. The test results will be used for innovation of the professional practice and for the actualisation of

educational programmes. This research is carried out in close cooperation with other centres of applied research and innovation and public authorities. The School of Sport Studies offers bachelors in Physical Education, Sport, Health & Management and two international programs; it consists of 1.500 students and 120 staff.

### SWECO

Sweco ([www.sweco.nl/en](http://www.sweco.nl/en)) is the leading European engineering consultancy; covering 14,500 professionals in 7 geographical regions with 100 offices in 9 operating countries, and carrying out projects in more than 70 countries each year. Sweco's leading principle is *Sustainability by Design*. It provides consultancy, design and engineering, and management services in a broad range of market sectors related to the built and natural environment. Work is undertaken in all sectors, ranging from infrastructure to urban development. Sweco is driven by a natural passion and conviction that the responsible, cross-border use of engineering skills and technology can be the key to sustainability. That is why Sweco transfer knowhow on a major scale. Sweco always seeks to combine the development of its global capacity with local involvement. On a local scale, Sweco has great experience on sports and physical activity. For instance, by designing and constructing outdoor and indoor sport facilities for various municipalities. But also in designing and constructing playgrounds and recreational infrastructure, Sweco is a key player in Europe. Together with municipalities and neighbourhoods, Sweco creates the optimal environment for a healthy lifestyle. With it, Sweco has a proven track record in their involvement in innovative partnerships around physical activity and healthy ageing.

### Plaza Sportiva

Plaza Sportiva ([www.plazasportiva.nl](http://www.plazasportiva.nl)) is a fitness- and health-centre which aims to help people to get healthier. The organisation believes in small steps and wants to make moving a part of the daily life of their clients, regardless their age and background. To achieve this, Plaza Sportiva has specialized in working with wearables, apps and new technologies so that lifestyle and behaviour can be coached and developed in general, rather than the more traditional program development of gyms.

Currently, Plaza Sportiva is one of the biggest health clubs in the Netherlands with 5.000m<sup>2</sup> of fitness, group-training, personal training, physical therapy, swimming, sauna and spa, etc. With its specific approach to physical activity by technological support, the goal is to help at least 20.000 people who live in Groningen. This is done by stimulating easy-access activities like walking, riding a bike and choices people make regarding food and drinks. With help of the CoP4HL activities Plaza Sportiva seeks to develop more tools that can be used to get people moving. Behavioural change is one of the key subjects which Plaza Sportiva will strategically seek to pursue, specifically seeking to forge partnerships which will develop measurement and study methodologies linked to Healthy and Active Ageing.

In 2018 many bilateral, smaller and bigger meetings between various COP partners and other stakeholders occurred. Many topics and issues were discussed. An overview of these topics is illustrated here:

- What are the stakeholders in Europapark?
- The parking places are a point of discussion: are they a barrier or an opportunity?
- Relation between the local voluntary education institute (alfa college) and the inhabitants living at Europapark;
- How to align with the community initiative “Smoke free environment”;
- How to create more synergy between alfa college, super markets (Jumbo) etc. in the neighborhood;
- How to prevent for less activity in the Fitness club (Plaza Sportiva) despite all the construction work taking place in the neighborhood;
- How to come up with alternatives and compensation for the expensive parking costs for employees of alfa college through financial incentives for bicycle usage, and cheap sport club memberships;
- How to monitor and evaluate the overall approach;
- Who and how many persons/organizations should be in the COP approach?
- Thought and ideas for an Europapark lifestyle app (yoga activity in garden of Leyhoeve, integrate Menzis app, health coins, challenges, social activities etc.);
- Focus on less active, healthy persons and not so much focus on healthy and active people;
- How to find the less active and healthy group: initiatives in Vinkhuizen through direct contact door-to-door with citizen may help and inspire;

- It is all about behavioral change toward an active and healthy lifestyle.
- Approximately 700 Inhabitants of Europapark live there 24/7 while between 9:00-17:00 this is a tenfold since there is a major influx of students and employers each day;
- Once per two weeks there is a football match of the professional club that has its stadium in Europapark. This means that 20,000 supporters come there on Sunday which has a big impact on the physical environments and atmosphere of the area;
- Stimulate more synergy between the companies instead of via the municipality;
- The Leyhoeve has certain interesting facilities (e.g., swimming pool etc.) and is investigating whether to share this with other stakeholders in the neighborhood.



Figure 2. The BVO model for an exercise friendly environment

Table 1. Needs, wants, assets and gaps of COP Groningen

	Objectives
<b>Needs</b>  (what the target group need to have to have a healthy/healthier lifestyle)	<i>As perceived by stakeholders</i> <ul style="list-style-type: none"> <li>• A holistic approach on Active and healthy lifestyle – it goes beyond exercise and a healthy diet</li> <li>• Connection between different stakeholders in the Europapark</li> <li>• Various instruments to be able to work bottom-up in co-creation in the neighborhood</li> </ul>



	<ul style="list-style-type: none"> <li>The different companies/stakeholders need to be able to deal with the characteristics and the rhythm of the Europapark, at this point that is still difficult (parking spaces and traffic jams)</li> </ul> <p><i>As perceived by the end users</i></p> <ul style="list-style-type: none"> <li>Infrastructure to be able to stay in their own neighborhood rather than going into the city center to do the daily activities. They want more space, more green and more fresh air (a lot of cars come through the Europapark);</li> <li>End users would like to have more parking spaces close by or in front of their own house;</li> <li>Dynamics between the different types of end users (students, employees, residents). For instance: the growing number of students in the neighborhood that might litter and cause noise disturbance.</li> </ul>
<b>Gaps</b>  (starting point)	<p>Through different conversations with stakeholders and end users we've empathized with the current situation. From there we built the innovation ecosystem and then took the next step organize a stakeholder meeting – as mentioned above.</p>
<b>Wants</b>  (what the target group feel/perceive they need to have a healthy lifestyle)	<ul style="list-style-type: none"> <li>A structure for the stakeholders to be able to see each other and talk, broaden their network and to make policy together;</li> <li>Instruments to come to social innovation together</li> <li>Tool or instrument to monitor the various developments of the neighborhood, in hardware, software and, orgware;</li> <li>A park where it's possible to do different activities and work out.</li> <li>Different shops such a drug store, a square/central area to be able to meet each other and for kids to play safely.</li> </ul>
<b>Assets</b>  (what already works well, what is available,	<ul style="list-style-type: none"> <li>Platform for the companies to join and gather;</li> <li>Companies are willing to integrate with the residents and students of the Europapark;</li> <li>Smaller community's in the different sub neighborhoods that already exist in the Europapark.</li> </ul>



*Figure 3. Compilation of photos illustrating the COP Groningen meet ups*

## NEEDS ANALYSIS COP ODENSE (DENMARK)

### Summary

- The COP Odense is a collaboration between the University of Southern Denmark (HEI) and Fit & Sund (business). The municipalities of Odense and Esbjerg (government) will be included.
- COP Odense will focus on **“further develop and educate professionals who work on stimulating physical activity in community dwelling older adult”**.
- This will be realized by developing and implementation of developed educational material for professionals (students, working professionals) that work in the field of physical and health for older adults (+65).
- The older adults will be included at several stages of the COP.
- COP Odense starts on a small scale and will reach out later in time.

### Odense Community

The Danish COP is based on a collaboration between the University of Southern Denmark (SDU) and the private organization F&S – fitness & health clubs (F&S). Furthermore, the municipalities of Esbjerg and Odense will be included as well as, naturally, various groups of older adults.

The COP is geographically attached to the two largest cities in the Region of Southern Denmark: Esbjerg and Odense. F&S is already located in Esbjerg and are, within the next few years, planning on expanding their business to furtherly include a location in Odense. The approach within each city will be different.



Figure 4. The municipalities of Esbjerg and Odense

### Status quo & shared goal COP Odense

The Danish COP aims at designing new ways to increase the number of seniors that are physically active. This is done by:

1. establishing an in-house and reach-out initiative and
2. by establishing a tailored educational program.

The services to be developed and established within the Danish COP is grounded on three core principles:

- It is effective for the target group (people aged 65+);
- It is usable and relevant for the public sector (mainly municipalities) by delivering quality at a reasonable price;
- It is interesting and usable for a private partner like F&S.

The Danish COP will, from the outset, put focus on an in-house initiative. The former requires the elderly to transport themselves from their home to the place in which they are physically active (the in-house aspect). This will be the case for the Esbjerg initiative. Building on this, a reach-out component will be established where the program is conducted in a 'home workout' format. This will be the case for the Odense initiative. The expectation is that the in-house and reach-out program will cater to different segments of older adults.

Common for the two programs is that they build on a suitable Educational Model (EM) where the ambition is to train university/university college students to properly handle physical activity and training for the older population. The EM will be informed and developed by key stakeholders and piloted in the participating municipalities. The end goal is to establish a practice- and evidence informed EM on senior fitness and the role of personal trainer for older citizens. The general idea with the Danish COP is illustrated in figure 5.

### COP Odense partners

#### University of Southern Denmark (SDU)

SDU ([www.sdu.dk/en](http://www.sdu.dk/en)) has more than 32.000 students and 5.000+ employees. The university has created an institution of higher research and education which provides first-

class educational opportunities – also when it comes to internationalization: SDU is a university with strong international working partnerships and with students and staff from the all over the world. A key element in SDU's 2020-strategy is to increase the

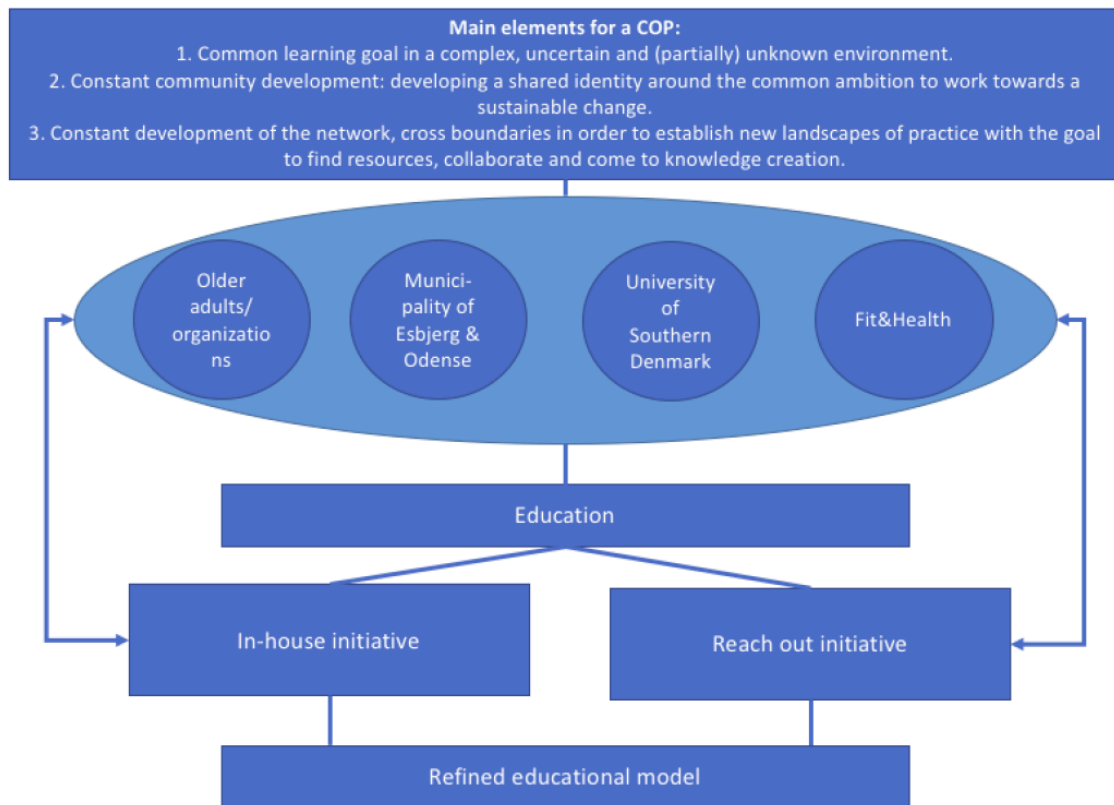


Figure 5 The COP Odense Model

commercialisation and applicability of research – to deliver services fulfilling core needs and wishes of society. In the COP4HL, the Department of Sports Science and Clinical Biomechanics, Faculty of Health Sciences (DSSCB) will be the operation partner. This department deals with research, delivery of degree programs and innovation related to sport and health. Attention is particularly paid to physical activity and exercise in sports and in health promotion, prevention, treatment of diseases and rehabilitation, including political, psychological and pedagogical aspects of physical activity. Building on its commitment to a multidisciplinary approach, research at DSSCB is carried out by teams of researchers from a variety of scientific and professional backgrounds. During the last decade, the department has expanded markedly and integrated new lines of research. In the newly announced international evaluation of Sport Science Schools and Departments

2016, published by *Academic Ranking of World Universities*, DSSCB features as number 7 out of 300 institutions from around the globe.

### Elderly people

The general project aim is to include both seniors who are participating in physical activity opportunities to learn from their motivation on participating and their wishes towards instructors teaching the given physical activity. Furthermore, older people who are not physically active, are integrated – in order to identify how we best reach and engage these segments.

### Fit & Sund (F & S) – fitness and health clubs

F & S was founded in 2011 and is a growing chain of fitness and health facilities. From the middle of 2016, F & S have +20 locations in larger cities across Denmark. The Fitness and Health facilities provide services to all age groups and with both physiotherapists and senior ambassadors as standards in all facilities F & S is well equipped to provide safe and effective training to older individuals in a warm and friendly environment. Originating in the fitness sector F & S have a strong focus on medical fitness, and all services and products are backed by scientific literature to the farthest extent possible. The organisation is guided by expert teams consisting of doctors, physiotherapists, a psychologist and exercise physiologists to make sure standards and services are according to the current knowledge. F & S try to educate their staff to the highest level and mainly recruit students from sports science and physical therapy where this is possible. In the smaller cities without universities it is a real challenge to recruit personnel with both the academic and personal skills required. As an organisation, F & S, engage themselves politically with board members in both the national trade organisation DFHO and in the European trade organisation EuropeActive, and try to develop the organisation by actively seeking partnerships in several scientific and non-scientific projects. The company offer a holistic approach to training, exercise and health within all age groups – including seniors. In 2015-2016 F&S was involved in the “Promoting Physical Activity and Health in Ageing (PAHA)”-project funded by the European union. The aim was to investigate whether a six weeks free training program, targeting a group of physically inactive elderly



people in the age range of 55-65 years old, would increase their level of physical activity. Three months' post intervention, the group was physically active on average 35 minutes per day (moderate intensity) and seven minutes per day (high intensity).



*Figure 6. The COP Odense SDU team*

These numbers surpass the WHO recommendations on physical activity for elderly which is 150 minutes per week of moderate to vigorous PA corresponding to 21 minutes per day. The ideas from the PAHA project were incorporated into a concept by F&S aiming at the elderly people to be physically active on a team – primarily focusing on the social dimensions. Therefore, the Movement for Life (MfL) concept was established offering a five-week free period of training with an instructor. F&S have been running this concepts since 2016. About two-thirds of the seniors that start training remain a member at F&S.

### Municipalities of Esbjerg and Odense

Both municipalities are located in the Region of Southern Denmark. In Esbjerg, F&S is already located providing opportunities for the elderly (55+) to participate in their MfL initiative. In Odense, other initiatives exist. However, the Danish COP will focus on developing a reach-out initiative based on the developed EM.

The University of Southern Denmark will both synthesize and disseminate already existing evidence of particularly importance for the COP-process and collect new data to inform and evaluate project dimensions.

*Table 2. Needs, wants, assets and gaps of COP Odense*

<b>Needs</b>  (what the stakeholder/ target group need for healthy/healthier lifestyle)	The target group (elderly people aged 65+) need high-quality physical activity program opportunities in order to remain healthy through old age – for example reducing the risk of falling by postponing the natural functional impairment that comes with age.
<b>Wants</b>  (what the stakeholder/target group feel/perceive they would like with regard to a healthy lifestyle)	A part of the target group is already physically active – for instance those who can afford existing in-house options like F&S and who are able to transport themselves. Other shares of the target group are not able to transport themselves and therefore the reach-out initiatives are very interesting in this perspective. Furthermore, well-educated instructors are needed in order to produce suited classes of physical activity for senior citizens.
<b>Assets</b>  (what already works well, what resources are available, what individuals or groups are already mobilized or willing to co-create in the community, etc.)	F&S for example already have a tested and workable initiative for people aged 55 and above. However, the company primarily cater to the more autonomous and independent part of the older population.
<b>Gaps</b>  (starting point)	Education development and a broader selection of possible initiatives that are workable for municipal partners.



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## NEEDS ANALYSIS MALAGA (SPAIN)

### Summary

- The COP Malaga is situated in the Province of Malaga and surrounding municipalities support the initiative at a greater distance
- The shared goal of COP Malaga is **“developing, implementing and evaluating outdoor fitness”**
- Stakeholders of the COP are the Malaga County council (government) and the University of Malaga (HEI). Meanwhile five companies (businesses) are included and many surrounding municipalities. Contact has been made with other departments of the municipality (e.g., park and green management)
- A cross section of end users will be included

### Malaga community

Malaga is a municipality and the city of Malaga is the second biggest city in Andalucía. As city, Malaga is ranked as the fifth city of Spain. This city has approximately 600.000 inhabitants and including the people who live in the surrounding area there live over a million of people.

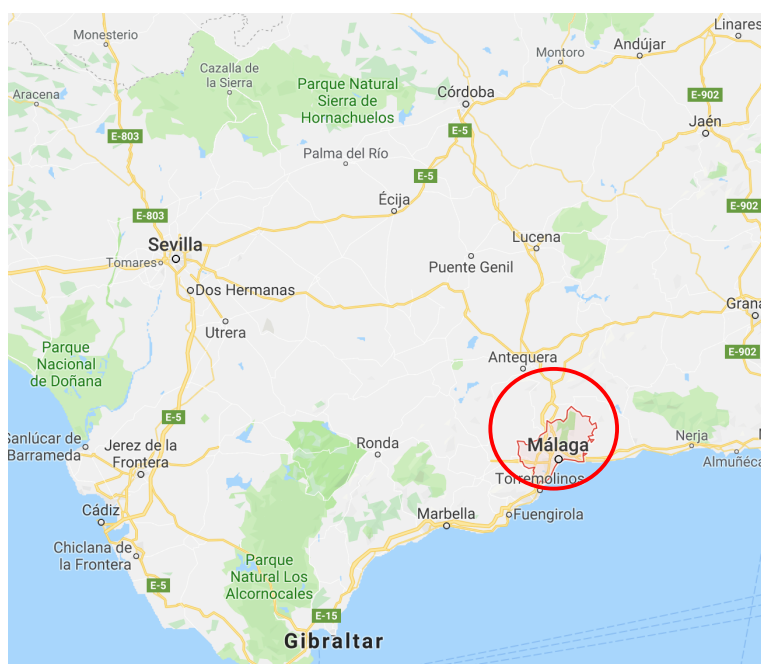


Figure 7. The municipality of Malaga.

### Status quo & shared goal COP Malaga

Broad set of outdoor gyms, boardwalks and parks in the urban environment for the regular practice of physical activity in an autonomous and free to use way. Network of bicycle lanes of recent construction. Natural environment and climatology that make easier the practice of outdoor physical activity in natural environments

Despite the increasing number of outdoor gym facilities in Malaga and internationally, there is limited evidence on the impact of outdoor gyms on physical activity and health. An evaluation of the use of these facilities would allow optimizing their use. As in the study of Stride et al. (2017), we need to determine the acceptability of outdoor gym use among older adults by assessing their outdoor gym use, intention to use, motivators, frequency and preference for use, and barriers and enablers to use. Physical activity programs using the equipment should be explored as a potential strategy to increase the effectiveness of these environmental interventions (Copeland et al., 2017). Longer-term follow-up measures are needed to determine if the early increases in physical activity associated with the Fitness Zone facilities are sustained. Outreach and marketing may be necessary to sustain early behavior change inspired by improvements in the built environment and innovative programming. The security gap requires the establishment of guidelines and rules, with respect to the area of security and the maintenance and inspection of the equipment. Moreover, only 53% of the facilities have a nearby drinking fountain in the province of Malaga (Hernández et al., 2010)

The lack of usage information about outdoor fitness equipment could lead to health problems for improperly applied exercises (Doğru et al., 2015). According to Gudaityte et al. (2014) one of the main factors of the choice that promotes to choose outdoor fitness equipment is a free service, quiet environment, a variety of outdoor fitness equipment and a favorable geographical location of the site. Therefore, we should design and build outdoor gym equipment with these characteristics. Moreover, putting in a visible place signs and indications with information would contribute to use them in a safer and more adequate way. A network of circuits for physical activity in urban areas furthest from the coastline is lacking. Likewise, the design of new green routes in urban areas are needed. The science linking park settings with physical activity is in its infancy and it is unclear exactly which park characteristics and conditions will draw more people to promote greater population-wide physical activity (Cohen et al., 2010b). Develop non-conventional recreational outdoor projects in the Malaga

province: The Great Malaga Path, Malaga Coastal Path and Caminito del Rey among others. Disseminate and identify these highly appropriate spaces for sports and healthy practice for the whole family. Analyze the use of bicycle lanes and take advantage of the information obtained to redesign their layout, extending it and connecting with each other to reach the entire population.

Keep the pavement, signs and painting of the rails in good condition. Launch public awareness campaigns for pedestrians and drivers on the importance of respecting bicycle lanes. Offer more public bicycles in different parts of the city (Malagabici). The public bicycles should be more comfortable and they should be kept in good condition.

Evaluate the effectiveness of the resources invested in these programs: Alimentación equilibrada y actividad física (Junta de Andalucía), Plan Integral para la Actividad Física y el Deporte (Ministerio de Educación, Cultura y Deporte). Encourage more long-term programs and the coordination between national, regional and local policies regarding these programs. Announce and spread the sports programs promoted by the Malaga County Council: [www.malaga.es/deportes](http://www.malaga.es/deportes), aimed at all types of public. Conduct studies on sports habits in the province of Malaga. Take advantage of synergies with the “More Sport more Woman” program of the Malaga County Council. Analyze which are the physical activity habits of the Healthy Living Program of the Regional Education Delegation in Malaga (<https://www.educacionenmalaga.es/blog/tag/habitos-de-vida-saludable/>).

Evaluate the healthy habits fostered by the Fair of Healthy and Sustainable Life (<http://naturamalaga.malaga.eu/>) hosted in Málaga every year. Physical activity and health program of the UMA Sports Service ([https://www.uma.es/deporte-saludable/info/76988/actividad-fisica-ysalud/?set\\_language=en](https://www.uma.es/deporte-saludable/info/76988/actividad-fisica-ysalud/?set_language=en)).

Increase the percentage of the university students and staff that practice physical activity, bringing facilities and sports services closer to the academic buildings. There are no facilities sports and leisure activities of each faculty, as in other educational institutions. The leisure possibilities are usually sedentary. Encourage the interruption of sedentary periods during class time and during the study time of university students. Interventions are required that enable the performance of small doses of physical activity in the work / academic environment. Design classrooms and their furniture that allow / encourage physical activity during university classes. Promote the use of bicycles among the students of the campus.

Improve the training in healthy eating habits of future Physical Education teachers, who should be accountable of teaching healthy habits to the new generations.

Analyze the Physical activity and health program of the UMA Sports Service program as well as to link it with the academic activity of the associated courses and degrees.

Extend the number of Physical Education hours per week during all school years. Promote the practice of physical activity during the rest of school time. Encourage a quality PE that has a transfer of the adoption of healthy habits outside the school time. More sports facilities are needed for the use of pre-schools. Pre-schools often share sports facilities with primary schools, which causes access to be very restricted. Include a specialist in Physical Education teacher in the second grade of preschool (3-6 years); the necessary physical activity is not carried out due to lack of teacher training. Ensure the presence of Physical Education in the second year of the baccalaureate since it would help to prevent the termination of sports practice in adolescence, especially in girls. Include Physical Education in the basic vocational training, because there may be students aged 15 and 16 who no longer have that right to Physical Education when leaving the general educational itinerary.

Work in a coordinated way from the educational system with sports clubs and federations, to encourage extracurricular practice (regardless of the selection of sports talent). Include Physical Education as a compulsory subject in all university degrees. Change the classrooms in order to foster a more physical activity-friendly environment. Include at least two school break times in the mornings interrupt sedentariness bouts. Broad the scope of Physical Education subject to include nutrition, behavior modification techniques, relaxation, postural hygiene, etc. easing the number of hours. Change the name of the subject (i.e. Healthy Lifestyle), if necessary.

After a local COP meeting in June 2018, the shared goal of the COP was determined to be “developing, implementing and evaluating of outdoor fitness”.

### **COP partners Malaga**

#### **University of Malaga**

The University of Malaga (UM) is one of Spain's premiere institutions of higher education. Since its foundation back in 1972, UM has rapidly expanded its international presence and

prestige. Currently, UM has 2 campuses, with over 35,000 students, 2,400 professors, 23 faculties and schools, 82 departments, 200 educational programmes (incl. 59 undergraduate, 53 master and 34 PhD), 200 PhD thesis/year, 278 research groups, research projects (425 national / 150 EU), and more than 1,800 business contacts. UMA stimulates educational innovation and research by boosting the quality of its professors and research groups through their participation in international research projects - managed by OTRI (Research Results Transference Office) - with the support and sponsorship of enterprises from local TechPark.

### Malaga county council

Málaga is a municipality, and the capital of the Province of Málaga, in the Autonomous Community of Andalusia of Spain. With a population of 568,479 (2013) it is the second most populated city of Andalusia and the sixth largest in Spain. It is the southernmost large city in Europe. The Diputación Provincial de Málaga (Málaga County Council) is the public, local entity of the Province of Málaga. The aim of the public body is to work with the municipalities and local organizations in the Province in order to seek for sustained social and economic development for Málaga. The range of activities implemented by the Malaga County Council includes all aspects of public service: culture, welfare, economy, health, education, training, and development, etc. being divided up into three main areas, which are, in turn, split up into umbrella agencies for a range of services, centers and organizations: I) Local Modernization Area; II) Citizenship Area; and III) Area of Open Government and New Technologies. Within the Málaga County Council, official departments include; 1) Welfare and Social Participation; 2) Urban works and infrastructure; 3) Culture and Education; 4) Environment and industrial activities; 5) Sport, Youth and Training, and 6) Local Development.

*Table 3. Needs, wants, assets and gaps of COP Malaga*

	Objectives
<b>Needs</b>  (what the target group need to have to have a	Despite the increasing number of outdoor gym facilities in Malaga, information on the impact of outdoor gyms on physical activity and health is scarce. An evaluation of the use of these facilities would allow optimizing their use. Acceptability of outdoor gym use, gym use, intention to use, motivators, frequency and preference

healthy/healthier lifestyle)	for use, and barriers and enablers to use should be assessed. This in combination with physical activity programs using the equipment should be explored as a potential strategy to increase the use of this equipment. Furthermore, PR & communication of facilities, security criteria are important topics to gather knowledge about.
<b>Gaps</b> (starting point)	Despite the increasing number of outdoor gym facilities in Malaga and internationally, there is limited evidence on the impact of outdoor gyms on physical activity and health. An evaluation of the use of these facilities would allow optimizing their use.
<b>Wants</b> (what the target group feel/perceive they need to have a healthy lifestyle)	Different groups were included in this stage. Firstly, wishes and needs regarding the topic of outdoor fitness in the Malaga region consisting of approximately 100 municipalities. All 100 municipals received a survey and 60 municipalities responded. During the second stage, people from these municipalities were contacted so in this way a selection of end users were questioned about use, intention to use, motivators, frequency and preference for use, and barriers and enablers to use outdoor fitness.
<b>Assets</b> (what already works well, what is available,	<ul style="list-style-type: none"> <li>• Many outdoor facilities are available already in Malaga;</li> <li>• Outdoor fitness is considered to be an important goal for the Malaga county council and the University of Malaga;</li> <li>• University of Malaga conduct research and has knowledge on this topic.</li> </ul>

## NEEDS ANALYSIS KAUNAS (LITHUANIA)

### Summary

- COP Kaunas is aiming at stimulating a healthy lifestyle in the Kaunas District Municipality, a rural area
- *Partners in the COP Kaunas are the Lithuanian Sport University (HEI), Active Training (business) and the Kaunas District Public Health Bureau (government)*
- *The shared goal is “provide opportunities for primary school children and Kaunas district community members older than 50 more opportunities for exercising and physical activity”*

### Kaunas community

Kaunas District Municipality is one of 60 municipalities in Lithuania. The seat of the municipality is the city of Kaunas. It surrounds the Kaunas City Municipality from the north, west and south, while in the east Kaunas district municipality borders Kaišiadorys District Municipality.



Figure 7 The Kaunas District Municipality

Kaunas District as a part of Kaunas region has played a major role in participation in the network of Health Promoting Regions since 2012. Kaunas District is in the central part of Lithuania and covers the area of 1,496 km<sup>2</sup> (578 sq mi)) from the north, west and south of



Kaunas city. There are 25 settlements with their local communities. The total population in the area in 2016 was 90,295 people. Almost 16 percent out of them were 65 years old and older. Population density in the District is 54/km<sup>2</sup> (140/sq mi).

### Status quo & shared goal COP Kaunas

Lithuanian health statistics clearly indicate that health-related behavioral problems, such as physical inactivity are widespread in the country. Only 11 percent of population regularly exercise. That is 4 percent less than in European Union countries in general. Also, physical inactivity increases with age and in the group 55+ it reaches 71 percent in both men and women (Eurobarometer, 2017). In comparison, in Lithuania 60.5 percent of primary school children are physically active more than 2 hours per day (Zaltauske & Petrauskiene, 2016; Strazdiene et al., 2017). Specifically, in Kaunas region 90 to 84 percent of primary school children are physically active enough. The rates are lower in senior grades of primary school. Later in adolescence the part of physically active youth becomes even lower. According to age, younger adolescents (11–12 years) were significantly more active than older adolescents (13–19 years) and inactivity reaches 68 percent at age 18 years (Lopez Sánchez, Emeljanovas, Mieziene et al., 2018). As a result, more than half of the adult population is overweight, or obese. These rates are still lower among schoolchildren (17 percent) and approximately half of both adults and adolescents consider their health to be average, or lower than average (Novak, Emeljanovas, Mieziene et al., 2018). The prevalence of chronic diseases increases with age and, thus, the risk for cardiovascular disease in the Kaunas District is much higher than in the rest of Lithuania. Cardiovascular risk factors as well as risk for type 2 diabetes and other chronic illnesses can be combated and controlled by adherence to current lifestyle recommendations.

Physical activity as one of healthy lifestyle determinants, is a preventive factor for many chronic diseases (Pedersen & Saltin, 2015), is related to lower distress (Novak et al., 2016), better physical and mental health (Alcorn et al. 2017; Pedersen & Saltin, 2015; Watson et al. 2017). All children and young people (5 – 18 years) should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Adults (19-64 years) should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2.5 hours) of moderate intensity activity in bouts of 10 minutes or more – one way

to approach this is to do 30 minutes on at least 5 days a week. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity. Adults should also undertake physical activity to improve muscle strength on at least two days a week (UK Department of Health, Physical Activity, Health Improvement and Protection, 2011, p. 7).

So, organized physical activity interventions are crucial for health strengthening across all age groups. It is also obvious that physical activity interventions should be started to be performed already in schools, the earlier the better. School is the only institution covering all population of schoolchildren and is available for implementation into practice the documented guidelines for health enhancing physical activity in an organized and systematic way.

Thanks to its collaboration with the Lithuanian Sports University (leaders in sports and health sciences), the Kaunas District Public Health Bureau has been able to address these challenges through the development of several intersectional interventions based on a life-course approach. Currently, the Bureau, led by Laurynas Dilys, is involved in a number of public health projects related to health promotion across all age groups at the local, national and international levels. Several examples of good practice in tackling health-related behavioral problems follow.

- For several years, within the framework of the project entitled, "Promoting physical activity among Kaunas District communities using information technologies", the Bureau (in collaboration with the Lithuanian Sports University) has been running **interactive physical-activity programmes** in the communities of the District's 25 settlements. Residents can participate in exercise programmes held on a weekly basis in community leisure halls, schools, etc., under the online guidance of professional coaches of the University. This program proved itself as crucially important for community members as an only opportunity for them to be physically active. So, currently, within the framework of COP it is transformed into regular three-years long two times per week live and online exercise program.
- For the second year in a row, the Bureau (in collaboration with Lithuanian Sports University) has conducted the **evaluation and monitoring of physical fitness in primary-school children** in the Kaunas Region. Results show the need to improve physical fitness and to increase physical activity in Kaunas District primary school children. Actions further will be taken within the framework of COP project.

- Currently, the Bureau is organizing **free of charge monthly aqua exercise activities** for people of all ages living in Kaunas District.
- In 2017 and 2018, more than 100 people between the ages of 18 and 80 each year participated in a three-day **summer health campus** that provided a variety of physical activities, such as Pilates workouts, kickboxing, dancing, and Nordic walking. Seminars on healthy nutrition and the benefits of physical activity were also organized during the event. Communication and collaboration among the participants facilitated a supportive social environment – a protective factor for mental health. It is planned to continue this initiative and to implement other similar events within the framework of COP project.
- Recently, Ministry of Education and Science (2015) recommended promotion of organized physical activity during breaks, at least one break per day, no less than twenty minutes. Public Health Bureau of Kaunas Region Municipality in collaboration with Lithuanian Sports University has implemented this regulation into practice and provided three-months-long Brain breaks program for primary school children in the district. Scientific evidence (Emeljanovas, Mieziene, Mok et al., 2018) suggest that a three-month video exercise-training program leads to improvement in children's attitudes toward physical activity in general, and especially in perception of their physical fitness, self-efficacy, and health-related and specific academic knowledge acquired. It may be concluded that Brain Breaks video exercise intervention program contributes to physical, health and general education of primary school children. So, currently this program is implemented within the framework of COP project in several schools of Kaunas District on a regular basis.

COP development in Kaunas District is based on previous health strengthening experience and outcomes in Kaunas District and on consideration of strategies and recommendations provided by Lithuanian governmental institutions (listed below):

Order on the approval of a healthy aging agency in Lithuania 2014-2023 action plan approved by the Seimas of the Republic of Lithuania (2014 July 16 No. V-825 Vilnius)

The Government of Lithuania has prepared an action plan in the field of healthy aging in accordance with the adopted laws:

1. The State Progress Strategy "Lithuania's Progress Strategy Lithuania 2030", approved by the Seimas of the Republic of Lithuania 2012 May 15 by decree no. XI-2015;

2. Lithuanian Health Program 2014-2025 approved by the Seimas of the Republic of Lithuania 2014 June 26 by decree no. XII-964;
3. The Mental Health Strategy approved by the Seimas of the Republic of Lithuania April 3rd by decree no. X-1070;
4. 2014-2020 National Progress Program approved by the Government of the Republic of Lithuania in 2012 November 28 by decree no. 1482;
5. Interinstitutional Action Plan of the 2014-2020 National Progress Program Horizontal Priority "Health for All" approved by the Government of the Republic of Lithuania in 2014 March 26 by decree no. 293;
6. The Program for the Prevention of Morbidity and Mortality from Major Non-Infectious Diseases for 2007–2013, approved by the Minister of Health of the Republic of Lithuania in 2007. October 9;
7. 2011-2020 State Sports Development Strategy, approved by the Seimas of the Republic of Lithuania in 2011 March 24 by Decree no. XI-1296;
8. Action Plan for the Implementation of the Mental Health Strategy and Suicide Prevention for 2014-2016, approved by the Minister of Health of the Republic of Lithuania in 2014; March 28 by Order no. V-417;
9. Resolution and Strategy Plan on Healthy Aging in Europe 2012-2020 adopted by the WHO Regional Committee for Europe;
10. The National Sport Development Strategy for 2011—2020, which is supplemented by the Interinstitutional Action Plan for the Implementation of the 2011—2020 National Sports Development Strategy, and together.



*Figure 8 Physical activity stimulation in children and their grandparents*

These documents aim to create conditions for greater inclusion in sports and physical activity in Lithuania in general and in specific groups in particular.

The aim of COP building in Kaunas District is to develop a healthy lifestyle through physical activity in the primary school children and people aged 50+. The selection of age groups was grounded on the facts that:

- Primary school children are the most physically active group of population and level of physical activity needs to be maintained through childhood and adolescence, and numbers of active children increased up to the maximum;
- People 50+ are among the most passive group of population, but still having potential to increase their levels of activity, improve their health and contribute to the society.

Other groups of population are not at all considered as less important. However firstly, adolescents belong to a part of population that are already the target for health education within many other project initiatives like Snow ball, where adolescents improve their communication, collaboration skills, develop substance use resistance skills; Global Youth Tobacco Survey is performed regularly. Secondly, they usually are the children of those who are 50+. So, the dissemination of information and skills as well a habit to have a healthy lifestyle are expected to be spread within the families. Thirdly, people from their late twenties up to 50 years are usually parents of schoolchildren (children and adolescents) as well. So, it is expected that education and interventions at primary school will also bring their distant

effects to those children' closest social environment, i.e. parents, older brother and sisters. So, in one way or another, those age groups not included directly into the COP will be more or less also affected.

### COP Kaunas partners

The Kaunas District Public Health Bureau and Lithuanian Sports University already have long lasting collaboration experience. Recently private organization Active Training has joint for implementing COP.

#### The Kaunas District Public Health Bureau

The Kaunas District Public Health Bureau is part of the Lithuanian national health system. The main aim of the Bureau is to work in partnerships at the local, national and international levels to promote health in the Kaunas District, improve the quality of life of the inhabitants of the District through a life-course approach, and organize the assessment and monitoring of public health in the District. Close attention is paid to ensuring community involvement through the organization of events, seminars and open-discussion initiatives to share expertise and experience.

#### Active training

Active training is a training school providing VET (Vocational Education and Training) qualifications and continuing education courses in the areas of health and fitness, and sport. The aims of the school are to provide support for fitness and sport specialists, scientists, and practitioners working in sport, active leisure, health promotion and health education area; to organize and implement qualification and continuing education courses; to join researchers and practitioners in the area of active leisure, health and fitness, health education and promotion; share with evidence based knowledge. Active Training is the only training provider in Lithuania with European and US (ACE – American Council on Exercise) accreditation. The school uses European Standards for the exercise professionals education and provides qualification course with multiply accreditation (National + EREPS + USREPS).

### Lithuanian Sports University (LSU)

LSU is a university in Kaunas, Lithuania, specializing in sports, physical activities, physical education, healthy lifestyle and public health, sports management and physiology. LSU is a leader in sports and health sciences. According to the latest data provided in the Ranking Web of Universities, Lithuanian Sports University ranked 6th among several hundreds of sports universities / academies all over the world.

### COP building: What is going on already?

Public Health Bureau of Kaunas Region Municipality in collaboration with Lithuanian Sports University and Active Training is now implementing:

*The project „ Comprehensive health promotion“*

(<https://www.krs.lt/savivaldybe/naujienos/gyventojams-nemokamos-treniruotes/>) were online and live physical activities are provided for all Kaunas Region community members.

This big, 150.000 Euro worth, project was inspired by the previous success of smaller online physical exercise sessions. These exercise training sessions were inspired by LSU and implemented by Active Training, that is executing education of the Leaders in communities. These leaders will inspire and motivate other members of the community to live more active, healthier and exercise properly!

*Lesson Without Chairs* in primary school of Kaunas District. Balls are used instead of chairs during some lessons.

*Active Breaks with music – Let’s Move Together!*. 10 – 15 min. of physical activity during school breaks using interactive technologies. The intervention is based on the scientifically proven by scientists from Lithuanian Sports University program of educational videos (Emeljanovas, Mieziene, Mok et al., 2018). Classes receive the Brain Breaks video exercise intervention every school day in their classrooms during class breaks and are supervised by their teachers, with one five- to nine-minute video per day. Each Brain Breaks video provided movement-integrated learning with motor and fitness skills presented by animated and real-life instructors. During the Brain Breaks the children watched the video and also did some exercises following the video instructions. Brain Breaks incorporates health and nutrition



education, social learning, environmental stewardship, core curricular learning, character development, arts and culture.

*Physical activity events* for the Kaunas District community regularly. Introduction of NirvanaFitness® – Breathing Exercise to Music - as the safest mode of training for all ages, health status and families. Discussing with the community about their healthy living possibilities, urgent and easy steps to start life changes, and the effect of active lifestyle to the life quality.

Table 4. Needs, wants, assets and gaps of COP Kaunas

	Objectives
<b>Needs</b>  (what a target group needs for healthy lifestyle)	<p>Primary school children, though most of them are physically active enough, still need to maintain their habit to be physically active through later years.</p> <p>People 50+ are mainly inactive and lack opportunities to have organized physical activities living in rural area as Kaunas District, not in the city. So, free physical activity opportunities both live and online are the only option to engage into active lifestyle.</p>
<b>Wants</b>  (what the target group perceive they would like)	<p>The level of PA is proportionally higher when young children are given the opportunity to play active games and experience fun. Particularly important to younger, primary school children is the opportunity to engage in physical activities that they perceive as meaningful and enjoyable, where they can fully reveal their abilities in a physically active motivating environment.</p> <p>For people 50+ participation in organized physical activities and physically active events are important for both: improving their lifestyle and building social capital - social support, cohesion and trust available for the members of community. Those having higher social capital from its different sources have higher well-being and health-related behavior patterns.</p>
<b>Assets</b>  (what already works well, resources available)	<p>The several years lasting collaboration among The Kaunas District Public Health Bureau and Lithuanian Sports University. Successfully completed projects related to physically active lifestyle in both children and elderly.</p> <p>The three-year project, "Promoting physical activity among Kaunas District communities" funded by the Central Project Management Agency that is established by the Ministry of Finance provides the opportunity to involve people into active training totally free of charge.</p>



	<p>Experience in providing physically active breaks for schoolchildren. The platform of educational videos available. Scientific evidence provided for effects of this program on attitudes towards physical activity.</p> <p>Involving private organization Active Training that provides human resources for live and online training sessions implementation.</p>
<b>Gaps</b>	<p>Time allocated for training sessions is does not fit everyone who is willing to participate.</p>

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## NEEDS ANALYSIS CASCAIS (PORTUGAL)

### Summary

- COP Cascais is aiming at stimulating a healthy lifestyle in the Cascais Municipality, a rural area
- Partners in the COP Cascais are Physioclem (business) and Alcoitão School of Health Sciences (HEI)
- The shared goal is: ***“develop, organize for and together with the stakeholders and end users (youngsters from 12-24 years old) activities focused on healthy lifestyle (e.g, healthy cooking workshops, parent-child physical activities etc.) embedded in approach GERAÇÃO S+ “***.

### Cascais community

Cascais is a municipality in the [Lisbon District of Portugal](#), located on the [Portuguese Riviera](#). The population in 2011 was 206,479 in an area of 97.40 km<sup>2</sup>. Cascais is a major, international [tourist destination in Portugal](#).

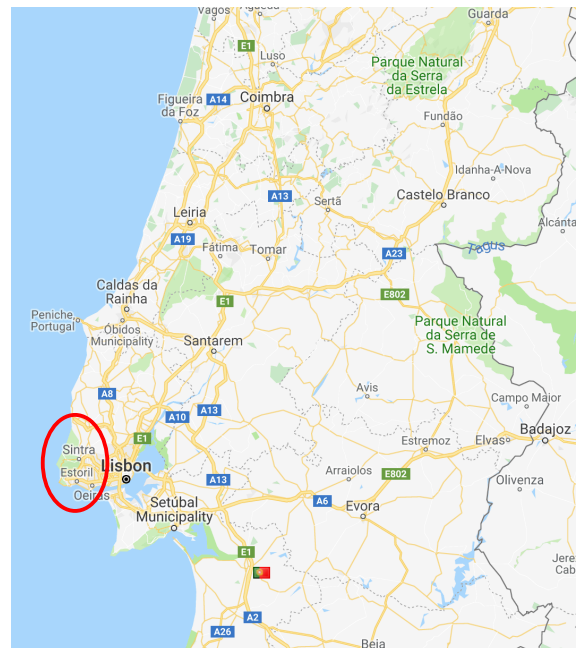


Figure 9 The Cascais municipality

### Status quo & shared goal COP Cascais

The world is struggling with the demographic, climate, technological and societal changes. The focus nowadays is how to promote a healthier and sustainable planet and citizens. In line with

this emergent policy, the concept of healthy ageing has been evolving towards the needs of healthy lifestyles along the span of life for more sustainable elderly phases.

The promotion of a healthy lifestyle, starts at the National Health Service <https://www.dgs.pt/documentos-e-publicacoes/estilos-de-vida-saudaveis.aspx> with clear recommendations and guidelines for citizens and institutions since 2004 (*DR n.º 23 - II Série de 28 de Janeiro, n.º 1916/2004*).

Every health care center and municipality, have their own plan for promotion of healthy lifestyle. In fact, since then, the awareness for the Portuguese citizens have been increasing and many projects (similar to GERAÇÃO S+) have been developed and implemented in the past 15 years.

However, the impact of these initiatives is below expectations and the population continues growing in sedentarism, obesity, non-communicable diseases and poor quality of life in any range of age.

Most the projects/initiatives implemented have a very low circle and duration of impact. Besides the directed subjects involved in the specific projects, no other stakeholders and population in general are involved, which might be one of the reasons for the low impact and no sustainability of actions and results.

Teenagers reveal to be a relevant target group as they are considered the most challenging for intervention when it regards to changing habits. It's a responsibility most adolescents don't consider while in the process of growing up - how they are in charge of creating habits of living that will determine much of how they will probably behave when they step off into independence. Many teenagers fail to understand the law of formative effect: how we become accustomed to acting in the present is how we are likely to act in the future (Pickhardt, C., 2013. SURVIVING YOUR CHILD'S ADOLESCENCE “. Wiley, 2013). Thus, specific strategies need to be found for better influence on this population, where the peer-influence and role models might play an important role.

Based in 5 studies developed in the context of this project

① ↑BMI; ↓ PA adolescence (female lower); 9h sedentary activities daily; low intensity of PA; ↑ risk factors for non-communicable diseases; passive commuting

- ② ↓ vegetables and fruit; ↑ salt, sugar and fat; non-regular meals; no regular breakfast
- ③ ↑ % Smoking and drinking

### COP Cascais partners

#### Physioclem

PhysioClem ([www.physioclem.pt](http://www.physioclem.pt)) is a private clinic located in the Centre of Portugal, with a geographical range of two districts and 5 municipalities; with consolidated practice for 14 years. The team comprehends 17 physiotherapists and 4 administrators. The core mission is to provide health care and wellbeing services to citizens according to the individual needs, community needs and local government strategies and policies. Around these services, the aims are related with social action, prevention, rehabilitation and healthy ageing, to all age ranges for citizens of the two districts. The services and projects are provided with different resources and localizations. There are 5 clinics available in 5 different cities; Alcobaça, Caldas da Rainha, Leiria, Torres Vedras and Nazaré which offer a variety of services to a number of recipients including Home care, Schools, Municipalities and community, Sports organizations and events, Health care centres, Nursing homes and multidisciplinary teams. The main services and actions delivered by PhysioClem are; Health education and promotion workshops on the community, Physical group activities, Specialized physiotherapy services for different type of health conditions, Special populations health promotion: pregnant woman, children obesity, fall prevention, sedentary people, and sporting events support include: physical preparation, prevention and rehabilitation.

#### Alcoitão School of Health Sciences

The Alcoitão School of Health Sciences, Portugal (Escola Superior de Saúde do Alcoitão - ESSA) belongs to an institution of social solidarity - Santa Casa da Misericórdia de Lisboa - SCML ([www.scml.pt](http://www.scml.pt)), who provides health and social care. Health care is included in these services and developed with high standards according to European benchmarks. For both (social and health care) ESSA-SCML develops undergraduate and graduate studies of Social Care, Physiotherapy, Speech Therapy and Occupational Therapy, directed to community care and a rehabilitation process, for the last 50 years. The main aims from ESSA-SCML are the education,

research and diffusion of knowledge in our specialization areas; with focus on population's level of health through our work in these areas. In order to achieve these aims, ESSA:

- Promotes and develops community centered projects having several partnerships in the community: local government, schools, health care centers and citizens associations;
- Promotes and develops high-level training, namely of physiotherapists, speech therapists, occupational therapists to provision services to the community;
- Promotes activities aiming at developing scientific research in the areas in which we teach and in related areas of interest;
- Promotes continuous education;
- Fosters and enables contacts at an educational, technical, scientific and cultural level with national and international institutions;
- Has a broad international network for shared projects and benchmarking
- Is directly involved in several projects that promote the improvement of health, which have a strong regional dimension and impact;
- Seeks to set strategies which focus on a) Increasing of knowledge and transference to practice; b) "Needs assessments" and clear impact of the interventions focus; c) Coordination between all the stakeholders towards a systematic and sustainable approach; d) Increasing the national network for partnerships d) Dissemination of results and practices.

*Table 5. Needs, wants, assets and gaps of COP Cascais*

	<b>Objectives</b>	<b>Which stakeholder(s)/ target group (s)</b>	<b>Priorities</b> (What priority does the community give to the objective)

<b>Needs</b>  (what the stakeholder/ target group need for healthy/healthier lifestyle)	① ↓ BMI; ↑ PA adolescence (female lower); 9h sedentary activities daily; low intensity of PA; ↓ risk factors for non- communicable diseases; passive commuting  ② ↑ vegetables and fruit; ↓ salt, sugar and fat; non-regular meals; no regular breakfast  ③ ↓ % Smoking and drinking	Teenagers	Food and activity
	① ↓ BMI and ↑ PA of parents; low time available, TV in the bedroom; traffic constraints  ② ↑ vegetables and fruit; ↑ salt, sugar and fat; non-regular meals; no regular breakfast  ③ ↓ % Smoking and drinking	School  Parents  Friends	Adjustment of self-lifestyle
	<ul style="list-style-type: none"> <li>Stakeholders are focused on their capital profit and not in engaging in a social and community cause</li> <li>Nonexistence of a promoting environment in community spaces, schools and at home</li> <li>Monoprofessional initiatives lacking interdisciplinary.</li> </ul>	Other stakeholders	Shared community
<b>Wants</b>  (what the stakeholder/target group feel/perceive they would like with regard to a healthy lifestyle)	<ul style="list-style-type: none"> <li>Structural changes in food habits</li> <li>Structural increase of physical activity</li> <li>Surrounding environment that motivates healthy life style</li> </ul>	Teenagers	Food and activity

	<ul style="list-style-type: none"> <li>• More awareness of the influence in the teenagers' lifestyle</li> <li>• Adjustment of self-lifestyle</li> <li>• Creation of a motivating environment</li> </ul>	School  Parents  Friends	Adjustment of self-lifestyle
	<ul style="list-style-type: none"> <li>• More involvement of stakeholders to promote the sustainability of the interventions above</li> <li>• Interdisciplinary project development to increase efficacy and sustainability</li> <li>• Community to give continuity</li> </ul>	Other stakeholders	Shared community
<b>Assets</b>  (what already works well, what resources are available, what individuals or groups are already mobilized or willing to co-create in the community, etc.)	The promotion of a healthy lifestyle, starts at the National Health Service <a href="https://www.dgs.pt/documentos-e-publicacoes/estilos-de-vida-saudaveis.aspx">https://www.dgs.pt/documentos-e-publicacoes/estilos-de-vida-saudaveis.aspx</a> with clear recommendations and guidelines for citizens and institutions since 2004 ( <i>DR n.º 23 - II Série de 28 de Janeiro, n.º 1916/2004</i> ).  Every health care center and municipality, have their own plan for promotion of healthy lifestyle. In fact, since then, the awareness for the Portuguese citizens have been increasing and many projects (similar to GERAÇÃO S+) have been developed and implemented in the past 15 years.  However, the impact of these initiatives is below expectations and the population continues growing in sedentarism, obesity, non-communicable diseases and poor quality of life in any range of age.		
<b>Gaps</b>  (starting point)	Most the projects/initiatives implemented have a very low circle and duration of impact. Besides the directed subjects involved in the specific projects, no other stakeholders and population in general are involved, which might be one of the reasons for the low impact and no sustainability of actions and results.		



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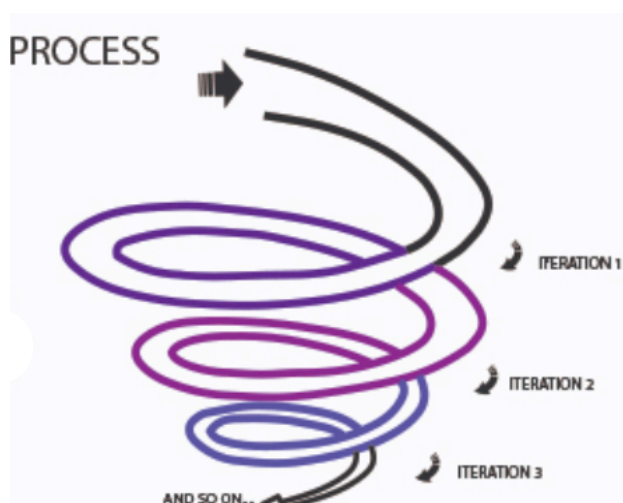
## CONCLUSIONS

### Results

Based on a structured mapping procedure all COPs explored the possibilities for a shared goal of their COP. The local situation is very much taken into account and lead to a diversity of potential shared goals. After the results of the mapping were available, the local COP started a shared decision making procedure and before summer 2018 all COPs made their decision.

### Static versus iterative process

Based on the evaluation and experiences from the mapping procedure in all COPs, the conclusion can be drawn that the needs analysis phase is not a linear process of collecting information → making a decision on the shared goal → action planning. The practice showed that the first results were discussed in the local COP. Mostly new questions or needs for additional information was present and a second iteration took place etc. In this way, we saw slight deviations in that the first shared goals of a COP changed over time. Examples of changes in the shared goal of local COPs in Odense, Kaunas, Portugal and Groningen were observed. In local COP Cascais, this iterative process ultimately resulted in a split of the original COP in two equal sized COP. One in Cascais and the other in Alcobaça. One of the lessons learned from this stage is that the needs analysis and action planning should be more intertwined and being considered as iterative process.



### Needs analysis for commitment

Collecting qualitative and quantitative data about the status (wishes, needs, assets) of a community regarding aspects of healthy lifestyle is very important. The results of this step are important to guide the direction related to the content, mission and vision of the local COP. More importantly, the needs analysis phase is of utmost importance to create (co)ownership and participation of all stakeholders of the COP. So, in that sense the needs analysis is an aim but also a tool at the same time. The synthesis of the needs analysis is an 'action plan' that directs the further steps of the COP development.

## ATTACHMENTS

### Needs Analysis - Introduction

In building up a community to start your innovation, one of the first steps is to see what needs and assets in your context are already articulated or what still can be worthy to explore. In order to give a consistent overview between the countries we have to use a comparable framework in all contexts. This document offers first a brief summary of the background of the need analysis and then gives some practical steps to be taken in your local community.

We would like to put all the assessments together in the beginning of May, so please put your needs assessments in the map WP 4 on teamwork **latest the end of April 2018**. In the same map you can also find some background literature.

### Background - What is a need assessment, and what is its use?

A need analysis is the process of identifying end-users and policy makers' needs and challenges and the "gap" between what is needed and what exists.

Needs analysis may take place prior to, during or after the program. The term need is less straightforward as it might appear, and hence the term is sometimes used to refer to wants, desires, demands, expectation, motivations, lacks, constraints, and requirements (Brindley, 1984)

A needs analysis is a tool to identify the gaps and to priorities in the attention and resources of the community.

Understanding the needs and challenges of the end-users, local authorities, stakeholders and companies, provide the foundation for successfully developing and implementing a new program.

A needs analysis can encompass many different aspects and perspectives, and as such can be very complex. In its most simple form, however, it is simply a methodical examination of an organization/environment and the end users, with the goal to identify areas that hold the potential for improvement, as well as identifying available resources/assets in the community, and separate the "need to do" from the "want to do".

Apart from increasing your knowledge about the entirety of the current situation and the end users needs, a thorough needs analysis has the added benefit of creating a feeling of ownership concerning the new program or a change across sectors, professions, and end users. When people have helped identify the problem and the need, and had opportunities to express what they want, this early involvement helps create a sense of ownership towards any program covering this given needs.

### **Designing the needs analysis:**

There are different ways in which information can be gathered, the choice will depend on the time and resource available. Needs analysis is not a “One-for-all activity”, it should be a continuing process.

It involves choosing from the various procedures for conducting needs analysis (questionnaire, asset mapping, photo voice, etc) and selecting those that are likely to give a comprehensive view of the target population/end-users needs and stakeholders’ interests and challenges.

Decisions have to be made on the practical procedures involved in collecting, organizing, and reporting the information collected. Thinking of community building towards our social innovations it is necessary to supplement the traditional needs analysis using questionnaire, literature and interview, with doing observation, meetings/workshops and asset mapping approach.

Target population are people about whom information will be collected ( end users, stakeholders, policy makers, etc.), and within each target population some sub-target groups based on occupation, gender, age etc. might be relevant in offering different perspectives on needs.

### **A framework to start the needs analysis**

Remember that it is unlikely that all key participants are already identified at the start of the innovation. It is also possible that the relative importance of various stakeholders will change during the study (Stuffle-beam et al., 1985).

What approach needs to be chosen? You can choose your approach only after knowing the current situation of your local context thoroughly. (political situation, communication norm with local authorities and people, culture etc.). There are different approaches you can use:

- **Discrepancies:** for example identifying the gap between current and desired situation.
- **Diagnostic;** Are there any weaknesses, omissions or possibilities in the organization, programs, environment, culture, etc. relating to Healthy Lifestyle? Focus on factors that have the potential to offer effective solutions.
- **Democratic:** Changes desired by the majority of the stakeholders, their opinions or programs that addresses the needs.
- **Analytic:** What do the stakeholders need to develop/do to move on and achieve HL. Identify better ways to do things.

### Types of questions: (Brown, 1995)

What are:

- Problems?
- Attitudes about HL?
- Solutions changes that need to be done to improve the situation?
- Skills/resources?
- Priorities?

### Ten practical steps:

We will start with asset mapping in order to create awareness of local resources, use resources to identify community connections, and meet needs, recognize and value the resources within the community. It gives us the opportunity to build on existing resources and respond maximal to existing needs.

### First phase:

- 1- Is there any previous asset mapping activity in that area? If yes, how recent it is? Does it provide the information you are looking for? What did or what did not work well?

### Select assets to identify:

- 2- To assess the current situation (Assess and mobilize what a community has, it is a process) these could be skills, talents, dreams and hopes that all relevant stakeholders have with regard to a Healthy lifestyle.
  - **Software:** Any existing national and local policy and programs about Healthy Lifestyle, all successful programs about promoting healthy lifestyle.
  - **Hardware:** To determine the characteristics of built environment that supports Healthy lifestyle, any natural and other environmental resources, heritage sites, open spaces, green spaces, water, etc. in built environment and facilities that stimulate healthy lifestyle. E.g. coherent walking and cycling networks, nice and enough green spaces, sport clubs, access to healthy food, etc.
  - **Org ware:** This refers to the process how people respond to policies and programs. It refers also to how the existing policies and programs are implemented; it focuses on mindsets and behavior of authorities and people. And it raises questions like: is there any institution or organization that has the capacity for changes? Is there any potential and chance for people to join in a coordinated pursuit of a common vision?
- 3- To determine the characteristics of the social environment in supporting Healthy Lifestyle.
- 4- To determine the attitudes of the people and stakeholders toward stimulating Healthy Lifestyle and identify the direction of change towards healthy lifestyle that end users and stakeholders feel are important, are stakeholders aware of the importance of promoting HL? How do stakeholders define HL? Do they do this on individual level or at community level, or both? How mobilized is the community currently to promote HL? Are there front runners, innovators?
- 5- To determine which groups of population are most in need of changing lifestyle or being supported to have Healthy lifestyle.

### **Second phase: (Identify the gaps)**

- 6- To compile a demographic profile of the end-users and stakeholders.
- 7- To determine if existing policies/programs are adequate to stimulate healthy lifestyle.

- 8- To identify the gap between what end-users and specially stakeholders /city government are able to do and what they need to do to make changes towards having Healthy Lifestyle.
- 9- To find out what skills, facilities, knowledge, etc. an individuals and groups need in order to have Health Lifestyle or perform a particular role, such as a local stakeholder, city authority, etc.
- 10- Needs analysis must include the perceived and present needs, as well as potential and unrecognized needs.

The table below is the summary of the needs analysis:

	Objectives	Which stakeholder(s)/ target group (s)	Priorities (What priority does the community give to the objective)
<b>Needs</b> (what the stakeholder/ target group need for healthy/healthier lifestyle)			
<b>Wants</b> (what the stakeholder/target group feel/perceive they would like with regard to a healthy lifestyle)			
<b>Assets</b> (what already works well, what resources are available, what individuals or groups are already mobilized or willing to co-create in the community, etc.)			
<b>Gaps</b> (starting point)			